

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033206

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 113  
FILED SEP 4 1963

VS 300  
Rev. 4/59

1 0841

2 0841

3 2

4 0

5 1

6

7 0

8 2

9 954

10

11

12 90-8

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Palk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Palk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bolivar</u>		Length of stay in 1b <u>50 yrs.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>in the home</u>		d. STREET ADDRESS (If outside, give location) <u>Bolivar</u>	
3. NAME OF DECEASED (Type or print) <u>Bert Temple</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-18-1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>painter</u>	
11a. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph M. Temple</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Palmer</u>	
14. NAME OF HUSBAND OR WIFE <u>Dona Temple</u>		15. ADDRESS <u>Bolivar, Mo.</u>	
16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT <u>Dona Temple</u>	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>presumed to be natural causes</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>4:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ralph Gordon</u>		22b. ADDRESS <u>Bolivar Mo.</u>	
22c. DATE SIGNED <u>Aug. 26-63</u>		22d. LOCATION (City, town, or county) <u>Bolivar, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 27-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		23d. LOCATION (City, town, or county) <u>Bolivar, Missouri</u>	
24. FUNERAL DIRECTOR <u>Sidney J. Pitts - Bolivar, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 26, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per J.H.</u>			

USE BLACK INK

OR

TYPEWRITER RIBBON

SEP 10 1963

OCT 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Kidney F. Pitts*

Licensed Embalmer No. 4939

P. O. Address

Bellevue, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit issued Aug 26, 1963

J.H.